this point the above mentioned ribs are treated in a similar manner. These vertical incisions have no connection with the pleural cavity, and are sutured at once, without damage. The portion of the chest wall lying between the longitudinal incisions now sinks in, and, as the healing process advances, becomes fixed in this depressed position, serving the double purpose of protecting the chest cavity and prevent ing, in some measure, the scoliosis which occurs so commonly after operations for empyema.—*Vratch*, 1888, No. 45.

G. R. FOWLER (Brooklyn).

II. Operation for Relief of Congenital Diaphragmatic Hernia. By DR. J. O'DWYER, of New York. A child, æt. 3½ years, had symptoms supposed to indicate extensive empyema of left side, for the relief of which an opening was made in the 6th intercostal space. The escape of a loop of small intestine through this opening showed the real nature of the case. The intestine was returned and the wound closed. On the next day Dr. O'Dwyer proceeded to operate for the relief of the diaphragmatic hernia. He made an incision about two inches long in the tenth interspace, and found an aperture situated in the muscular portion of the diaphragm, about one inch and a half in diameter, the external margin reaching close to the ribs. He then removed about three inches of the 9th and 10th ribs, and by drawing down the floating ribs, ample room to insert the whole hand, if necessary, was obtained. Considerable difficulty was experienced in replacing the intestines, owing to the small size of the peritoneal cavity, from retraction of the abdominal muscles. The cæcum and some of the omentum were the last parts reduced. To prevent a return of the intestines while paring the edges of the wound and passing the sutures, two flat sponges, attached to holders, were found necessary. Strong braided silk was used for this purpose, and six sutures inserted. When the diaphragm was allowed to resume its position, after the completion of the operation, the pressure from below was so great that it bulged upward, so as to fill at least half the pleural cavity. The hernia being probably congenital, and the whole mass of intestine, with the exception of the descending colon, having occupied the

chest so long, there was not sufficient room for them in the abdominal cavity.

An attempt was made to relieve the great strain on the sutures by packing in some antiseptic gauze and closing the external wound around it, but without avail

Death occurred rather suddenly six hours after the operation, at the very time that he appeared to be doing well.

At the autopsy the edges of the wound in the diaphragm were found somewhat separated, and in all probability the sutures would have cut completely through in twenty-four hours had the patient lived so long. —*Archives of Pediatrics*, December, 1889.

III. Laparotomy in Tubercular Peritonitis. By PROF. H. LOEHLEIN (Giessen). The writer says that most of the cases reported have occurred in women and have, for the greater part, been diagnosed as abdominal tumors. The important point of how often, in the female, tubercular peritonitis is a primary disease, and how often it is secondary to tuberculosis of the genital tract is as yet far from settled Of the six cases which Löhlein has seen, in only two could the uterine appendages be said to have been the starting point of the trouble.

Two of the writer's cases occurred in ante-bacteriological time.

No. 1. Woman, æt. 28 years, with an encapsulated collection of fluid and numerous tubercles of the peritoneum, was operated on in Martin's clinic in 1874 for what was diagnosed at the time as an ovarian cyst. The same for the second case.

In the first case the patient recovered perfectly from the operation, and remained in perfect health for several years. The second case, which occurred in 1880, was in a woman, æt. 40 years. The disease began, undoubtedly, in the uterine appendages. After several months of perfect health the ascites returned, and the patient died fifteen months after the operation with all the symptoms of tubercular enteritis. The other four cases seen by Löhlein occurred within the past two years.

In Case No. 3, Hofmeier made an exploratory laparotomy in a woman, æt. 43 years, on account of ascites and an irregular, hard